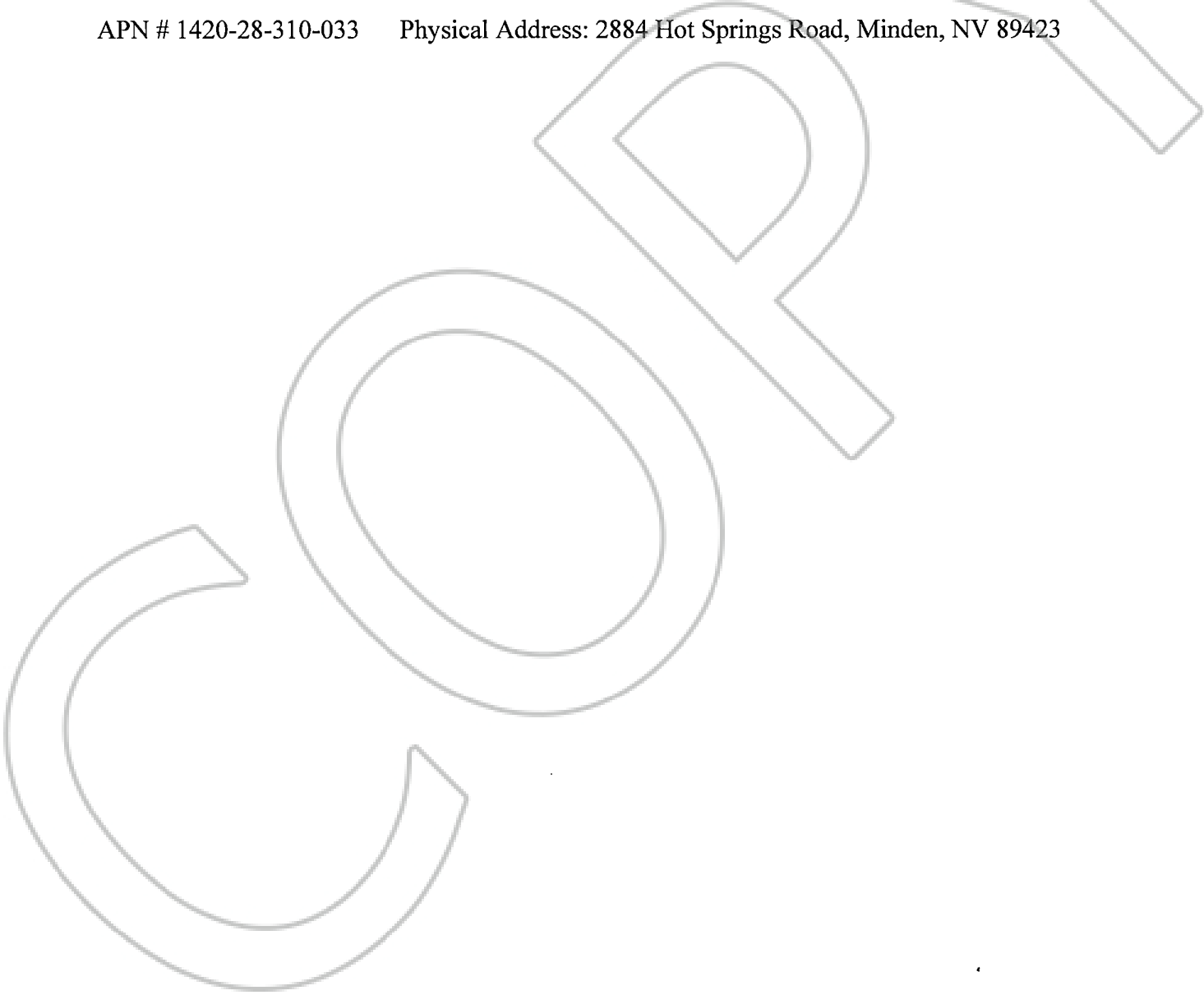


EXHIBIT "A"

The land referred to herein situate in State of Nevada, County of Douglas, described as follows:

LOT 58, BLOCK C, AS SHOWN ON THE FINAL MAP #PD99-02-04 FOR SARATOGA SPRINGS ESTATES UNIT 4, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 19, 2000, IN BOOK 500, PAGE 4445, AS DOCUMENT NO. 492337, AND AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 30, 2000, IN BOOK 1100, PAGE 6042, AS DOCUMENT NO. 504169, OF OFFICIAL RECORDS.

APN # 1420-28-310-033 Physical Address: 2884 Hot Springs Road, Minden, NV 89423



STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1420-28-310-033
 - b) _____
 - c) _____
 - d) _____

- 2. Type of Property:
 - a) Vacant Land
 - b) Single Fam. Res.
 - c) Condo/Twnhse
 - d) 2-4 Plex
 - e) Apt. Bldg
 - f) Comm'l/Ind'l
 - g) Agricultural
 - h) Mobile Home
 - i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>Verified Trust of</u>	

- 3. Total Value/Sales Price of Property: \$ _____
- Deed in Lieu of Foreclosure Only (value of property) (_____
- Transfer Tax Value: \$ _____
- Real Property Transfer Tax Due: \$ _____

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # 7
 - b. Explain Reason for Exemption: Transfer to Trust without consideration

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Toni V Arter Capacity _____ Grantor

Signature Toni V Arter Capacity _____ Grantee

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Toni Vanness Arter

Print Name: _____
 Address: 2884 Hot Springs Road
 City: Minden
 State: NV Zip: 89423

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Toni V. Arter Trust/Toni Vanness Arter

Print Name: -Grantor/Trustee
 Address: 2884 Hot Springs Road
 City: Minden
 State: NV Zip: 89423

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)